

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 091542866	FILING DATE
							APPLICANT(S)	
							CLAIMS	
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.		
1	1		1		1		51	
2		1		1		1	52	
3		2		2		2	53	
4		1		1		1	54	
5		2		2		2	55	
6	1		1		1		56	
7	1		1		1		57	
8		1		1		1	58	
9		1		1		1	59	
10		1		1		1	60	
11	1		1		1		61	
12		1		1		1	62	
13		1		1		1	63	
14		1		1		1	64	
15	1		1		1		65	
16		1		1		1	66	
17	1		1		1		67	
18		1		1		1	68	
19		1		1		1	69	
20		1		1		1	70	
21	1		1		1		71	
22		1		1		1	72	
23		1		1		1	73	
24		1		1		1	74	
25		1		1		1	75	
26		1		1		1	76	
27		1		1		1	77	
28		1		1		1	78	
29		1		1		1	79	
30		1		1		1	80	
31		1		1		1	81	
32		1		1		1	82	
33		1		1		1	83	
34		1		1		1	84	
35		1		1		1	85	
36		1		1		1	86	
37		1		1		1	87	
38		1		1		1	88	
39		1		1		1	89	
40		1		1		1	90	
41		1		1		1	91	
42		1		1		1	92	
43		1		1		1	93	
44		1		1		1	94	
45		1		1		1	95	
46		1		1		1	96	
47		1		1		1	97	
48		1		1		1	98	
49		1		1		1	99	
50		1		1		1	100	
TOTAL IND.	7		9		9		TOTAL IND.	
TOTAL DEP.	17		20		20		TOTAL DEP.	
TOTAL CLAIMS	24		29		29		TOTAL CLAIMS	

PTO-1360 (3-78)

\*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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